

No. 2
1-10-39
-17-39
X21492

Registration District No. 47 Primary Registration District No. 4027 Registrar's No. 11

1. PLACE OF DEATH: Bates
(a) County Bates
(b) City or town Adrian
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 73 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Luella Ann Reeder
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 1. Color or race W. 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John M. Reeder 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased November 22 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Morgan Leo, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Hardaway Harrison
18. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ann Martin
15. Birthplace not known Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Reeder
(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 5-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cem

18. (a) Signature of funeral director Smith & S. 50
(b) Address Adrian Mo.

19. (a) May 19-41 (b) Ethel C. Stephens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 18
year 1941 hour 12 minute # P.M.

21. I hereby certify that I attended the deceased from May 17
1941 to May 18, 1941;
that I last saw her alive on May 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to _____
Due to _____

Other conditions: arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy ✓
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature Dr. A. J. Colson (M. D. or other) DO
Address Adrian, Mo Date signed 7/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 71

License File Number 6-41-934

Date Filed 6-9-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Adrian M.*

Licensed Embalmer No. 3650

P. O. Address Adrian Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.